REPORT OF RECEIPTS AND DISBURSEMENTS

SECRETARY OF STATE
DECENDE
KRARAGI
IAM 2 II 3054

Delbert Hosemann

	ne of Candidate 1000 M. Dearing	Secretary of State
Add	Iress 305 Metrose-Montebello Parknay County Adams	D. Site Affice
Tolo	phono 6 (11-807-2431 Fax	
Offi	ce Sought State Seride - District 37 Email Address bobm dear	ring Egahoorcom
	Check here if above is different from previous report	
V		
201	Termination Report (Candidate will no longer accept contributions, make Expenditures, has no outstanding debt obligation and zero cash on hand balance.) Required obligation	to terminate reporting is
	<u>IMPORTANT</u>	
(1)	Annual Reports are mandatory, even if no contributions or expenditures have occurred. In such a submit a report indicating "0" (zero) for total amount of reported contributions and expenditures period.	case, the candidate shall during the reporting
(2)	Until a Candidate files a Termination Report, all campaign finance disclosure reports must be file applicable schedule set forth by Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).	d in accordance with the
(3)	The receiving office must be in actual receipt of the required report by 5:00 p.m. on the deadline.	If the deadline falls on a

•	REPORTED CONTRIBUTION Itemized + Non-itemized =	NS AN	ND DISBURSEMENTS This Period	Calendar Year-To-Date
Total amount of contributions	\$18,250 +\$ 750	\$	19,000	\$ 19,000
Total amount of disbursements	\$ 24,700+\$ 300	\$	25,000	\$ 25,000
Total amount of cash on hand	-0-	\$	-6,000	

weekend or legal holiday, the office must be in actual receipt of the required report by 5:00 p.m. on the first working day

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements. Penalties: Failure to timely submit required reports in accordance with the applicable statutes may result in the imposition of a civil penalty in the amount of \$50 per day for ten (10) days and/or prosecution pursuant to Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

- 1. Candidates for statewide, state-district, or legislative office file all required reports with the Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to (601) 576-2545.
- 2. Candidates for county or county-district office file all required reports with the County Circuit Clerk's Office.
- 3. Candidates for municipal office file all required report with the Municipal Clerk's Office.

before the deadline. Reports may be faxed or emailed.

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Name of Candidate or Committee	Bob m, Dearing
Reporting period 3-1-16	through 12-31-16

A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	(Moi, Bay, Tour)	this period
Full name	12/11/16	\$ 500.00
Magholia Bluff5 Mailing Address		to
A:0. Box 791	$\square / \square / \square$	\$
City, State, Zip Code Natchez, MS 39121		\$
Name of Employer (Required)		
Kevin Praston		\$
Occupation (Required)	Aggregate	\$ 50000
CEO	year–to-date	* Jour
B. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name		_
Bislane Investments		\$ 1,000,00
Mailing Address		\$
P.O. Box 966	<u>L</u>	Ψ [
City, State, Zip Code		\$
Natuez, 115 39121	<u> </u>	Ψ]
Name of Employer (Required)		\$
James Biglane	<u> </u>	Complete a property of the second constitution o
Occupation_(Required)	Aggregate	\$ 1,000,00
President	year–to-date	1,000,00
	year to date	
C. Source Corporation PAC Individual Loan	Date	Amount of each receipt
C. Source Corporation PAC Individual Loan Other (please specify) Full name	Date (Mo., Day, Year)	receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name	Date	receipt
C. Source Corporation PAC Individual Loan Other (please specify) Full name Devine G Construction Company, Inc. Mailing Address	Date (Mo., Day, Year)	receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Devinnes Construction Company, Inc. Mailing Address	Date (Mo., Day, Year)	receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Devines Construction Company, Inc. Mailing Address	Date (Mo., Day, Year)	receipt this period \$ \(\sigma_{\infty} \omega_{\infty} \ome
C. Source Corporation PAC Individual Loan Other (please specify) Full name Devinnes Construction Company, Inc., Mailing Address O. D. Box 6717 City, State, Zip Code	Date (Mo., Day, Year)	receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Devine a Construction Company, Inc. Mailing Address P.O. Box 6717 City, State, Zip Code Tackson, Ms. 39282	Date (Mo., Day, Year)	receipt this period \$ \int \int \int \int \int \int \int \int
C. Source Corporation PAC Individual Loan Other (please specify) Full name Devine a Construction Company, Inc. Mailing Address P.O. Box 6717 City, State, Zip Code Tackson, Ms 39382 Name of Employer (Required)	Date (Mo., Day, Year)	receipt this period \$ \(\sigma_{\infty} \omega_{\infty} \ome
C. Source Corporation PAC Individual Loan Other (please specify) Full name Devine a Construction Company, Inc., Mailing Address P.O. Box 5717 City, State, Zip Code Tackson, MS 39282 Name of Employer (Required) Bully Devine a	Date (Mo., Day, Year)	receipt this period \$ 500.00 \$ 5
C. Source Corporation PAC Individual Loan Other (please specify) Full name Devine G Construction Company, Inc., Mailing Address P.O. Box 6717 City, State, Zip Code Tacksey, MS 39282 Name of Employer (Required) Bully Devine G Occupation (Required)	Date (Mo., Day, Year)	receipt this period \$ \int \int \int \int \int \int \int \int
C. Source Corporation PAC Individual Loan Other (please specify) Full name Devine G Construction Company, Inc., Mailing Address P.O. Box 5717 City, State, Zip Code Tackson, Ms 39382 Name of Employer (Required) Bully Devine G Occupation (Required) CEO	Date (Mo., Day, Year)	receipt this period \$ \(\sigma \infty \alpha \cdot \infty \) \$ \(\sigma \sigma \cdot \infty \)
C. Source Corporation PAC Individual Loan Other (please specify) Full name Devine G Construction Company, Inc., Mailing Address P.O. Box 6717 City, State, Zip Code Tacksey, MS 39282 Name of Employer (Required) Bully Devine G Occupation (Required)	Date (Mo., Day, Year)	receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each
C. Source Corporation PAC Individual Loan Other (please specify) Full name Devine G Construction Company, Inc., Mailing Address P.O. Box 5717 City, State, Zip Code Tackson, Ms 39382 Name of Employer (Required) Bully Devine G Occupation (Required) CEO	Date (Mo., Day, Year)	receipt this period \$ \(\sigma \infty \alpha \cdot \infty \) \$ \(\sigma \sigma \cdot \infty \)
C. Source Corporation PAC Individual Loan Other (please specify) Full name Devines Construction Company, Inc. Mailing Address P.O. Box 6717 City, State, Zip Code Jacksen, M.S. 39282 Name of Employer (Required) Billy Devines Occupation (Required) CEO D. Source: Corporation PAC Individual Loan Y. Other (please specify)	Date (Mo., Day, Year)	receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Devines Construction Company, Inc. Mailing Address P.O. Box 6717 City, State, Zip Code Jacksey, M.S. 39282 Name of Employer (Required) B'My Devines Occupation (Required) CEO D. Source: Corporation PAC Individual Loan Full name	Date (Mo., Day, Year)	receipt this period \$ 500.00 \$ 500.00 Amount of each receipt
C. Source Corporation PAC Individual Loan Other (please specify) Full name Devine a Construction Company, Inc., Mailing Address P. D. Box 6717 City, State, Zip Code Tackson, MS 39282 Name of Employer (Required) Billy Devine a Occupation (Required) CEO D. Source: Corporation PAC Individual Loan Tother (please specify) Full name Corner stone Covernment Affoirs	Date (Mo., Day, Year)	receipt this period \$ \$\int \sigma \cdot
C. Source Corporation PAC Individual Loan Other (please specify) Full name Devine a Construction Company, Inc., Mailing Address P. D. Box 6717 City, State, Zip Code Tackson, MS 39282 Name of Employer (Required) Billy Devine a Occupation (Required) CEO D. Source: Corporation PAC Individual Loan Tother (please specify) Full name Corner stone Covernment Affoirs	Date (Mo., Day, Year)	receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Devine a Construction Company, Inc., Mailing Address P. Box 6.717 City, State, Zip Code Jackson, Ms 39282 Name of Employer (Required) Bully Devine a Occupation (Required) CEO D. Source: Corporation PAC Individual Loan Tother (please specify) Full name Corner stone Covernment Affairs Mailing Address 188 East Capitol Street, Ste 910 City, State, Zip Code	Date (Mo., Day, Year)	receipt this period \$ 500.00 \$ 500.66 \$ 500.66
C. Source Corporation PAC Individual Loan Other (please specify) Full name Devines Construction Company Inc. Mailing Address P.O. BOX 6717 City, State, Zip Code Tacksey, Ms 39382 Name of Employer (Required) Bully Derives Occupation (Required) CEO D. Source: Corporation PAC Individual Loan Full name Corner store Government Affairs Mailing Address Mailing Address 188 East Cafitol Street, Ste 910	Date (Mo., Day, Year)	receipt this period \$ \$\int \sigma \cdot
C. Source Corporation PAC Individual Loan Other (please specify) Full name Devine a Construction Company, Inc. Mailing Address City, State, Zip Code Tackson, Ms 39282 Name of Employer (Required) Bully Devine a Occupation (Required) CEO D. Source: Corporation PAC Individual Loan Tother (please specify) Other (please specify) Full name Corner store Covernment Affairs Mailing Address 188 East Capital Street, Ste 910 City, State, Zip Code Tackson, Ms 39201	Date (Mo., Day, Year)	receipt this period \$ \(\sigma \cdot \cd
C. Source Corporation PAC Individual Loan Other (please specify) Full name Devine a Construction Company, Inc., Mailing Address P. Box 6.717 City, State, Zip Code Jackson, Ms 39282 Name of Employer (Required) Bully Devine a Occupation (Required) CEO D. Source: Corporation PAC Individual Loan Tother (please specify) Full name Corner stone Covernment Affairs Mailing Address 188 East Capitol Street, Ste 910 City, State, Zip Code	Date (Mo., Day, Year)	receipt this period \$ 500.00 \$ 500.66 \$ 500.66
C. Source Corporation PAC Individual Loan Other (please specify) Full name Detting a Construction Company, Inc., Mailing Address City, State, Zip Code Tackson, MS 39282 Name of Employer (Required) Belly Derive a Occupation (Required) CEO D. Source: Corporation PAC Individual Loan Full name Corner store Government Affairs Mailing Address 188 East Capitol Street, Ste 910 City, State, Zip Code Tackson, MS 39201 Name of Employer (Required)	Date (Mo., Day, Year)	receipt this period \$ \(\sum_{\infty} \omega_{\infty} \omega
C. Source Corporation PAC Individual Loan Other (please specify) Full name Devine a Construction Company, Inc., Mailing Address P. C. Box 6.717 City, State, Zip Code Jackson, Ms. 39282 Name of Employer (Required) CEO D. Source: Corporation PAC Individual Loan A Other (please specify) Full name Corporation PAC Individual Loan Full name Corporation PAC Individual Loan All Corporation PAC Individual Loan Corporation PAC Individual Loan All Corporation PAC Individual Loan Corporation PAC Individual Loan All Corporation PAC Individual Loan Corporation PAC Individual Loan Corporation PAC Individual Loan All Corporation PAC Individual Loan Corporation PAC Individual PAC	Date (Mo., Day, Year)	receipt this period \$ \(\sigma \cdot \cd

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Lago	F	υL	

Name of Candidat	e or Committee	Bob M.	Dea	ring
Reporting period	1-1-16	t	hrouah	12-31-16

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Denbury Resources	317116	\$ 1,000.00
Mailing Address 5320 Le accy Drive		\$
City, State, Zip Code S and 7x 75024		\$
Name of Employer (Required) Greg Schnackle		\$
Occupation (Required) 60V. A Pairs	Aggregate year–to-date	\$ 1,000,00
B. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify) Trade Course 1	(Mo., Day, Year)	receipt this period
Full name Construction Trade Counsel	3/11/14	\$ 1,000,00
Mailing Address		\$ [
City, State, Zip Code		\$
Vicks Durs, MS 39182 Name of Employer (Required)		\$ [
John Smith, Jr. Occupation (Required)	Aggregate	\$ 7,000.00
Chair man	year–to-date	+ 1,000,00
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year)	receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Mississippi Asphalt Contractors PAC		receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Mississippi Asphalt Contractors PAC Mailing Address North President Street	(Mo., Day, Year)	receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Mississippi Asphalt Contractors PAC Mailing Address North President Street City, State, Zip Code	(Mo., Day, Year)	receipt this period \$ \[\langle I \co \O \O \delta \co \O \co \o \co \o
C. Source Corporation PAC Individual Loan Other (please specify) Full name Mississippi Asphalt Contractors PAC Mailing Address North President Street City, State, Zip Code DOCKSON, M5 39205	(Mo., Day, Year)	receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Mississippi Asphalt Contractors PAC Mailing Address North President Street City, State, Zip Code DOCKSON, M5 39205	(Mo., Day, Year)	receipt this period \$ \[\langle I \co \O \O \delta \co \O \co \o \co \o
C. Source Corporation PAC Individual Loan Other (please specify) Full name Mississippi Asphalt Contractors PAC Mailing Address North President Street City, State, Zip Code Ocksor, M5 39205 Name of Employer (Required)	(Mo., Day, Year) 5 / 9 / 6	receipt this period \$ \[\begin{align*} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
C. Source Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) S R L Aggregate year-to-date	receipt this period \$ \[\begin{align*} I/OOD.60 \] \$ \[\] \$ \[\] \$ \[\] Amount of each
C. Source Corporation PAC Individual Loan Other (please specify) Full name Mississippi Asphalt Contractors PAC Mailing Address North President Street City, State, Zip Code Ockson, MS 39305 Name of Employer (Required) Tone Garrett Occupation (Required) Coul Redding D. Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 5	receipt this period \$ [1,000,60] \$ [
C. Source Corporation PAC Individual Loan Other (please specify) Full name Mississippi Asphalt Contractors PAC Mailing Address North President Street City, State, Zip Code Ocksor, M5 39305 Name of Employer (Required) Tone Garrett Occupation (Required). Cour Reference Other (please specify) Full name	(Mo., Day, Year) S R L Aggregate year-to-date Date	receipt this period \$ \[\begin{align*} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
C. Source Corporation PAC Individual Loan Other (please specify) Full name Mississippi As phalt Contractors PAC Mailing Address North Pesident Street City, State, Zip Code Decksor, Ms 39305 Name of Employer (Required) Tone Carrett Occupation (Required) Coul. Redelier D. Source: Corporation PAC Individual Loan Full name MMM HA AC Mailing Address	(Mo., Day, Year) S R W	receipt this period \$ \[\begin{align*} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
C. Source Corporation PAC Individual Loan Other (please specify) Full name Mississippi Asphalt Contractors PAC Mailing Address North President Street City, State, Zip Code Duckson, M5 39205 Name of Employer (Required) Tone Garrett Occupation (Required) Coul, Release D. Source: Corporation PAC Individual Loan Other (please specify) Full name Ming HA AC Mailing Address P.O. Box 320369	(Mo., Day, Year) S R W	receipt this period \$ \[\begin{align*} I/OOD.60 \] \$ \[\] \$ \[\] \$ \[\] \$ \[\] Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Mississippi As phalt Contractors PAC Mailing Address North President Street City, State, Zip Code DUKSON, MS 39205 Name of Employer (Required) Tone Garrett Occupation (Required), Coul. Publican D. Source: Corporation PAC Individual Loan Other (please specify) Full name Ming HA PAC Mailing Address P.O. BOX 320369 City, State, Zip Code Dackson, MS 3932	(Mo., Day, Year) S R W	receipt this period \$ \[\begin{align*} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
C. Source Corporation PAC Individual Loan Other (please specify) Full name Mississippi Asphalt Contractors PAC. Mailing Address North President Street City, State, Zip Code Ocksor, M5 39305 Name of Employer (Required) Tone Garrett Occupation (Required), Coul. Reference Other (please specify) Full name Min in A A C. Mailing Address P.O. BOK 320369 City, State, Zip Code Occ / Son, M5 39332 Name of Employer (Required)	(Mo., Day, Year) S R W	receipt this period \$ \[\langle \langle \colon \c
C. Source Corporation PAC Individual Loan Other (please specify) Full name Mississippi As phalt Contractors PAC Mailing Address North President Street City, State, Zip Code DUKSON, MS 39205 Name of Employer (Required) Tone Garrett Occupation (Required), Coul. Publican D. Source: Corporation PAC Individual Loan Other (please specify) Full name Ming HA PAC Mailing Address P.O. BOX 320369 City, State, Zip Code Dackson, MS 3932	(Mo., Day, Year) S R W	receipt this period \$ \[\langle \langle 0 \times 0 \tim

Name of Candidate or Committee	Bob M. Dearing
Reporting period 1/16	through 12-31-16

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name MS EYE PAC	519116	\$ 500.00
Mailing Address		\$
City, State, Zip Code Jackson, M. 5. 39205		\$
Name of Employer (Required) Beth Class		\$
Occupation (Required) Boy, Affairs	Aggregate year–to-date	\$ 500,00
B. Source: Corporation X PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
MISSISSIAPI Medical PAC	5,9,16	\$ 500,00
Mailing Address P.O., BDX 3548	\square , \square , \square	\$
City, State, Zip Code R. dqp/an.0 / M.5 39/58		\$
Name of Employer (Required) Dave Roberts		\$
Occupation (Required), Gov, Relations	Aggregate	\$ 500,00
1 ("3013) 1/4/1/1/1/1/1/1	vear-to-date	
C. Source Corporation PAC Individual Loan Other (please specify)	year–to-date Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan	Date	Amount of each receipt
C. Source Corporation PAC Individual Loan Other (please specify) Full name TAuck PAC Mailing Address	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name TAuck PAC Mailing Address BAS North Problem Streef City, State, Zip Code	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name TAUCK PAC Mailing Address 825 North Proceed City, State, Zip Code JUCKSON, MS 39202 Name of Employer (Required)	Date (Mo., Day, Year)	Amount of each receipt this period \$ 500.46
C. Source Corporation PAC Individual Loan Other (please specify) Full name TAuck PAC Mailing Address RAS North Probabit Street City, State, Zip Code Juckson, Ms. 39202 Name of Employer (Required) Hai Miller Occupation (Required)	Date (Mo., Day, Year) J Q E Aggregate	Amount of each receipt this period \$ 500.66
C. Source Corporation PAC Individual Loan Other (please specify) Full name TAuck PAC Mailing Address RAS North Probabit Street City, State, Zip Code Juckson, Ms. 39202 Name of Employer (Required) Ha Miller	Date (Mo., Day, Year) 5 / 9 / 6 1 1 1 1 1 1 1 1 1 1	Amount of each receipt this period \$ 500.46 \$ 500.20 Amount of each
C. Source Corporation PAC Individual Loan Other (please specify) Full name TAuck PAC Mailing Address RAS North Probabit Street City, State, Zip Code Juckson, Ms 39202 Name of Employer (Required) Ha Miller Occupation (Required) Coupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period \$ 500.46 \$ 500.40 \$ 500.40
C. Source Corporation PAC Individual Loan Other (please specify) Full name TAUCK PAC Mailing Address BAS North Paulant Street City, State, Zip Code JUKSON, MS 39202 Name of Employer (Required) HAI MILLER Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name ATMOS Energy Corporation PAC	Date (Mo., Day, Year) 5 9 6 1 1 1 1 Aggregate year-to-date Date	Amount of each receipt this period \$ 500.46 \$ 500.20 Amount of each receipt
C. Source Corporation PAC Individual Loan Other (please specify) Full name TAUCK PAC Mailing Address RAS North Product Street City, State, Zip Code JUKSON, MS 39202 Name of Employer (Required) Name of Employer (Required) Parties Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name ATMOS Energy Corporation PAC Mailing Address 5430 LBJ freeway 15te 160	Date (Mo., Day, Year)	Amount of each receipt this period \$ 500.46 \$ 500.40 \$ Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name TAUCK PAC Mailing Address RAS North Provided Street City, State, Zip Code JUKSON, MS 39203 Name of Employer (Required) Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name ATMOS Energy Corporation PAC Mailing Address	Date (Mo., Day, Year)	Amount of each receipt this period \$ 500.66 \$ 500.20 \$ Amount of each receipt this period \$ 500.20
C. Source Corporation PAC Individual Loan Other (please specify) Full name TAUCK PAC Mailing Address RAS North Product Street City, State, Zip Code JUKSON, MS 39202 Name of Employer (Required) Name of Employer (Required) Parallal D. Source: Corporation PAC Individual Loan Other (please specify) Full name ATMOS Energy Corporation PAC Mailing Address SAS DEST Freeway 1 Ste 1600 City, State, Zip Code	Date (Mo., Day, Year)	Amount of each receipt this period \$ 500.46 \$ 500.46 \$ Amount of each receipt this period \$ 500.40 \$ 500.40

Name of Candidate or Committee	Bob m. Dearins
Reporting period 1-1-16	through 12-31-16

A. Source: Corporation X PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	[3,19,176	\$ 500,00
Lindopendent Ensurance Agents of Ms PAL Mailing Address		1 000,20
		\$
City, State, Zip Code		
		\$
Flowood, M5 39232		Language (10 to 10
Name of Employer (Required) Clint Oranam		\$
Occupation (Required)	A	
Colitical Consultant	Aggregate year–to-date	\$ 500.00
B. Source: ☐ Corporation 反 PAC ☐ Individual ☐ Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name		
MAE-PAC	15/19/16	\$ 50.0
Mailing Address		
775 North State Street		\$
City, State, Zip Code		
Jackson, M3 39202		\$
Name of Employer (Required)		A [
Jogce Helmick	<u> </u>	\$
Occupation (Required)	Aggregate	\$ 500.00
/ has		\$ 500.00
Chair	year-to-date	harron en en constante en conservation de carrol.
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify)	Date	Amount of each receipt
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name M-M HA V PAC	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Mailing Address	Date (Mo., Day, Year)	Amount of each receipt this period \$ \times
C. Source Corporation PAC Individual Loan Other (please specify) Full name Mailing Address P.D. BOK 32 0369 City, State, Zip Code	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Man HA V PAC Mailing Address P.D. BOK 32 0369 City, State, Zip Code I-OVOL MS 3933	Date (Mo., Day, Year) S G 6	Amount of each receipt this period \$ \(\psi \colon \colo
C. Source Corporation PAC Individual Loan Other (please specify) Full name Man HA V PAC Mailing Address P.D. BOK 32 0369 City, State, Zip Code F-Oworl, MS 3933	Date (Mo., Day, Year)	Amount of each receipt this period \$ \times
C. Source Corporation PAC Individual Loan Other (please specify) Full name No Mark V PAC Mailing Address P.D. BOK 32 0369 City, State, Zip Code FOURTH MS 3933 Name of Employer (Required) Jennifor Head Occupation (Required)	Date (Mo., Day, Year) S G 6	Amount of each receipt this period \$ \qua
C. Source Corporation PAC Individual Loan Other (please specify) Full name MM HA V PAC Mailing Address P.D. BOK 32 0369 City, State, Zip Code I-Owool, MS 39332 Name of Employer (Required) Tennifer Ham Occupation (Required) Polytical Consultant	Date (Mo., Day, Year) S G 6	Amount of each receipt this period \$ \(\psi \colon \colo
C. Source Corporation PAC Individual Loan Other (please specify) Full name No Mark V PAC Mailing Address P.D. BOK 32 0369 City, State, Zip Code FOURTH MS 3933 Name of Employer (Required) Jennifor Head Occupation (Required)	Date (Mo., Day, Year) S / G / E I / I / I Aggregate year-to-date	Amount of each receipt this period \$ \tau \colon \colon \$ \tau \colon \co
C. Source Corporation PAC Individual Loan Other (please specify) Full name MM HA V PAC Mailing Address P.D. BOK 32 0369 City, State, Zip Code I-Owool, MS 39332 Name of Employer (Required) Tennifer Ham Occupation (Required) Polytical Consultant	Date (Mo., Day, Year) S / G / 6 I / I / I Aggregate	Amount of each receipt this period \$ \qua
C. Source Corporation PAC Individual Loan Other (please specify) Full name MM HA V PAC Mailing Address P.D. BOK BO 0369 City, State, Zip Code I-DVV L MS 3933 Name of Employer (Required) Sensifer Hell Occupation (Required) Consultation Consultation D. Source: Corporation PAC Not Individual Loan Other (please specify) Full name	Date (Mo., Day, Year) S G B	Amount of each receipt this period \$ \(\frac{4000}{0} \) \$ \(\frac{4000}{0} \) \$ \(\frac{4000}{0} \) Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name M.M. A. V. PAC Mailing Address P.D. BOK 32 0369 City, State, Zip Code I-DVOD, MS 39333 Name of Employer (Required) Sensifer AcM Occupation (Required) Consultation Consultant D. Source: Corporation PAC N Individual Loan Tother (please specify) Full name Sensifer Nall	Date (Mo., Day, Year) S / G / //	Amount of each receipt this period \$ \qua
C. Source Corporation PAC Individual Loan Other (please specify) Full name M.M. H. V. PAC Mailing Address P.D. BOK 32 0369 City, State, Zip Code Floword, MS 39332 Name of Employer (Required) Jennifer Ham Occupation (Required) Folitical Consulfant D. Source: Corporation PAC Individual Loan Full name Jennifer Hall Mailing Address	Date (Mo., Day, Year) S G B	Amount of each receipt this period \$ \(\frac{400.00}{0} \) \$ \(\frac{400.00}{0} \) \$ \(\frac{400.00}{0} \) Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name M.M. H.A. V. PAC. Mailing Address P.D. BOK BD 0369 City, State, Zip Code Flowor, MS 3933 Name of Employer (Required) Jennifer Hall D. Source: Corporation PAC Individual Loan Other (please specify) Full name Sensifer Hall Mailing Address 219 Northwood Orive	Date (Mo., Day, Year) S G B	Amount of each receipt this period \$ \(\frac{4000}{0} \) \$ \(\frac{4000}{0} \) \$ \(\frac{4000}{0} \) Amount of each receipt this period \$ \(\frac{3000}{0} \)
C. Source Corporation PAC Individual Loan Other (please specify) Full name Mailing Address P.D. BOK 3D 0369 City, State, Zip Code Flower MS 3933 Name of Employer (Required) Jennifer Mem Occupation (Required) Folical Consultant D. Source: Corporation PAC Individual Loan Other (please specify) Full name Jennifer Mem Mailing Address D. J. J. Northwood Orive City, State, Zip Code City, State, Zip Code City, State, Zip Code	Date (Mo., Day, Year) S G B	Amount of each receipt this period \$ \(\frac{4000}{0} \) \$ \(\frac{4000}{0} \) \$ \(\frac{4000}{0} \) Amount of each receipt this period \$ \(\frac{3000}{0} \)
C. Source Corporation R PAC Individual Loan Other (please specify) Full name Mailing Address P.D. BOX	Date (Mo., Day, Year) S G B	Amount of each receipt this period \$ \text{400.00}\$ \$ \text{400.00}\$ Amount of each receipt this period \$ \text{300.00}\$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Not the Company of	Date (Mo., Day, Year) S / G / B I / I / I Aggregate year-to-date Date (Mo., Day, Year) S / G / B I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I	Amount of each receipt this period \$ \(\frac{400.00}{0.00} \) \$ \(\frac{400.00}{0.00} \) Amount of each receipt this period \$ \(\frac{300.00}{0.00} \)
C. Source Corporation R PAC Individual Loan Other (please specify) Full name Mailing Address P.D. BOX	Date (Mo., Day, Year) S G B	Amount of each receipt this period \$ \text{400.00}\$ \$ \text{400.00}\$ Amount of each receipt this period \$ \text{300.00}\$

Name of Candidate or Committee	Bobm. Dearing
Reporting period 1-116	through 12-31-12

A. Source: Corporation PAC Toloron Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)		<u> </u>
William Balenstine	5, 9, 10	\$ 250,00
Mailing Address		
412 Harriette	<u> </u>	\$
City, State, Zip Code		
madison, 115 38110		\$
Name of Employer (Required)		
Selp	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$
Occupation (Required)	Aggregate	\$ 250.07
Consoltar	year-to-date	\$ 250.00
B. Source: ☐ Corporation ☐ PAC [汉 Individual ☐ Loan ☐	Date	Amount of each
Other fellows are sife.	(Mo., Day, Year)	receipt
Other (please specify)	(,,	this period
Full name	15,19,16	\$ 24
1 Kick Brown		250,00
Mailing Address		\$
P.O.B . X 1132		*
City, State, Zip Code		\$
Jackson, Ms 39212		Y
Name of Employer (Required)		\$
5216	<u> </u>	
Occupation (Required)	Aggregate	\$ 250,00
Consulat	year-to-date	1 950,00
on the contraction of the property that the second of the		
C. Source ┌── Corporation ┌── PAC │	Date	Amount of each
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full name Steve 5 mmons		receipt
Other (please specify) Full name Steve 5 mmons Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify) Full name Steve Simmons Mailing Address 108 Fountain Bluck	(Mo., Day, Year)	receipt this period
Other (please specify) Full name Steve 5 mmons Mailing Address 108 Fountain Bluck City, State, Zip Code	(Mo., Day, Year)	receipt this period \$ 300,00
Other (please specify) Full name Steve Simmons Mailing Address 108 Fountein Bluch City, State, Zip Code Brandon, MS 3 9047	(Mo., Day, Year)	receipt this period
Other (please specify) Full name Steve 5 minous Mailing Address 108 Fountein Bluck a City, State, Zip Code Brandon, MS 3 9047 Name of Employer (Required)	(Mo., Day, Year)	receipt this period \$ 300.00 \$
Other (please specify) Full name Steve Simmons Mailing Address 108 Fountein Bluch City, State, Zip Code Brandon, MS 3 9047 Name of Employer (Required) Sel L	(Mo., Day, Year) S 10 14	receipt this period \$ 300.00 \$ \$ \$ \$ \$ \$ \$ \$
Other (please specify) Full name Steve Simmons Mailing Address 108 Fountein Bluch City, State, Zip Code Brandon, MS 3 9047 Name of Employer (Required) Sel L Occupation (Required)	(Mo., Day, Year) S 0	receipt this period \$ 300.00 \$
Other (please specify) Full name Steve 5 minors Mailing Address OB Fountain Bluck City, State, Zip Code Brandon, MS 3 9047 Name of Employer (Required) Self Occupation (Required) Cons Wiff of	(Mo., Day, Year) S 10 14	receipt this period \$ 300,00 \$ \$ \$ \$ \$ \$
Other (please specify) Full name Steve Simmons Mailing Address 108 Fountein Bluch City, State, Zip Code Brandon, MS 3 9047 Name of Employer (Required) Sel L Occupation (Required)	(Mo., Day, Year) SINDING IIII Aggregate year-to-date Date	receipt this period \$ 300.00 \$ 5 Amount of each
Other (please specify) Full name Steve 5 minors Mailing Address OB Fountain Bluck City, State, Zip Code Brandon, MS 3 9047 Name of Employer (Required) Self Occupation (Required) Cons Wiff of	(Mo., Day, Year) SIDII III Aggregate year-to-date	receipt this period \$ 300,00 \$ \$ \$ \$ \$ \$
Other (please specify) Full name Steve Simmons Mailling Address 108 Fountain Bluck City, State, Zip Code Brandon, MS 3 9047 Name of Employer (Required) Self Occupation (Required) Consultation Consultation D. Source: R Corporation PAC Individual Loan	(Mo., Day, Year) S / 10 / 16 I / I / I Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 300,00 \$ 5 Amount of each receipt this period
Other (please specify) Full name Steve 5 mmons Mailing Address 108 Fountein Bluck City, State, Zip Code Brandon, MS 3 9047 Name of Employer (Required) Selt Occupation (Required) Consultation Other (please specify) Full name	(Mo., Day, Year) SINDING IIII Aggregate year-to-date Date	receipt this period \$ 300,00 \$ 5 Amount of each receipt
Other (please specify) Full name Steve Simmons Mailing Address OB Fountain Block i City, State, Zip Code Brandon, MS 3 9047 Name of Employer (Required) Self Occupation (Required) Consultat Other (please specify) Full name Comprehensive Health Manginent, Inc. Mailing Address	(Mo., Day, Year) S / 10 / 16 I / I / I Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 300.00 \$ 5 \$ 700.00 \$ 700.00 \$ 700.00 \$ 700.00 \$ 700.00 \$ 700.00
Other (please specify) Full name Steve Simmons Mailing Address OB Fountain Bluck City, State, Zip Code Brandon, MS 3 9047 Name of Employer (Required) Selt Occupation (Required) Consultat Other (please specify) Full name Comprehensive Health Management Inc. Mailing Address P. D. Soy 313 90	(Mo., Day, Year) S / 10 / 16 I / I / I Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 300,00 \$ 5 Amount of each receipt this period
Other (please specify) Full name Steve 5 minors Mailing Address 08	(Mo., Day, Year) S / 10 / 16 I / I / I Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 300.00 \$ Amount of each receipt this period \$ 350.00
Other (please specify) Full name Steve 5 minors Mailing Address OB Fountain Birch City, State, Zip Code Brandon, MS 3 9047 Name of Employer (Required) Seft Occupation (Required) Consulf and Other (please specify) Full name Comprehensive Health Managinest Inc. Mailing Address P. S. Doy 3/3 90 City, State, Zip Code Tampa, FL 3363/	(Mo., Day, Year) S / 10 / 16 I / I / I Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 300.00 \$ 5 \$ 700.00 \$ 700.00 \$ 700.00 \$ 700.00 \$ 700.00 \$ 700.00
Other (please specify) Full name Steve 5 mmons Mailing Address OB Fountain Block City, State, Zip Code Brandon, MS 3 9047 Name of Employer (Required) Self Occupation (Required) Consultation Other (please specify) Full name Comprehensive Health Mangement, Inc. Mailing Address V.S. Boy 313 90 City, State, Zip Code Tampa, FL 3363/ Name of Employer (Required)	(Mo., Day, Year) S / 10 / 16 I / I / I Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 300.00 \$ Amount of each receipt this period \$ 350.00
Other (please specify) Full name Steve Simmons Mailing Address OB Fountain Bluck City, State, Zip Code Brandon, MS 3 9047 Name of Employer (Required) Sell Occupation (Required) Consultat Other (please specify) Full name Comprehensive Health Manggment Inc. Mailing Address V. S. Doy 313 90 City, State, Zip Code Tampa, FL 3363/ Name of Employer (Required) Dancel Marrison	(Mo., Day, Year) SIDIFE ILLIF Aggregate year-to-date Mo., Day, Year) LILIF ILLIF ILLIF	receipt this period \$ 300.00 \$ \$ \$ \$ \$ \$ Amount of each receipt this period \$ \$ \$ \$ \$ \$ \$
Other (please specify) Full name Steve 5 mmons Mailing Address OB Fountain Block City, State, Zip Code Brandon, MS 3 9047 Name of Employer (Required) Self Occupation (Required) Consultation Other (please specify) Full name Comprehensive Health Mangement, Inc. Mailing Address V.S. Boy 313 90 City, State, Zip Code Tampa, FL 3363/ Name of Employer (Required)	(Mo., Day, Year) S / 10 / 16 I / I / I Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 300.00 \$ 5 \$ 7 \$ 7 \$ 700.00 \$ 700.00 \$ 700.00 \$ 700.00 \$ 700.00 \$ 700.00 \$ 700.00 \$ 700.00

Name of Candidate or Committee	Bobm, Dearing
Reporting period 1-1-16	through 12-34-16

A. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year) receipt this period	
Full name	[Z.[], []	
IBEN AC Industrial Fund	511116	\$ 2,500.00
Mailing Address		_
900 South Street, NW City, State, Zip Code		\$
City, State, Zip Code		
Washington, DC 2000/		\$
Name of Employer (Required)		¢
Lonnie Stephenson Occupation (Required)		\$
	Aggregate	\$ 2.5/1.00
Gov. Relations	year-to-date	\$ 2,500,00
B. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify) Association	(Mo., Day, Year)	receipt this period
Full name	16,110,116	•
Mississippi Association of Realtons	103/110/110	\$ 1,000,00
Mailing Address		<u> </u>
P.2.BEX 32100	1-1-1-	\$
City, State, Zip Code		
Floward MS 39282		\$
Name of Employer (Required)		\$
1 Beth Hauson	<u> </u>	• 1
Occupation (Required)	Aggregate	\$ 1/200 000
President	year-to-date	\$ 1,000.00
C. Source ┌ Corporation 反 PAC ┌ Individual ┌ Loan ┌	Data	Amount of each
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full name ENPAC		receipt
Other (please specify) Full name TWPAC Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify) Full name TNPAC Mailing Address P.O. Dox 1640	(Mo., Day, Year)	receipt this period
Other (please specify) Full name 「	(Mo., Day, Year)	receipt this period \$ 500,00
Other (please specify) Full name 「	(Mo., Day, Year)	receipt this period
Other (please specify) Full name ENPAC Mailing Address P.O. DOX 1640 City, State, Zip Code Tackson, MS 3921S Name of Employer (Required)	(Mo., Day, Year)	receipt this period \$ See.co \$
Other (please specify) Full name LNPAC Mailing Address P.O. Box 1640 City, State, Zip Code Tackson, Ms 3921 S Name of Employer (Required) Russell, Bennett	(Mo., Day, Year)	receipt this period \$ 500,00
Other (please specify) Full name LNPAC Mailing Address P.O. Box 1640 City, State, Zip Code Tackson, Ms 3921S Name of Employer (Required) Russell, Bennett Occupation (Required)	(Mo., Day, Year)	receipt this period \$ See.co \$
Other (please specify) Full name EMPAC Mailing Address P.O. Dox 1640 City, State, Zip Code Tackson, MS 3921S Name of Employer (Required) Russell, Bennett Occupation (Required) Gov, Relation &	(Mo., Day, Year)	receipt this period \$ 500,00 \$ 500,00
Other (please specify) Full name LNPAC Mailing Address P.O. Box 1640 City, State, Zip Code Tackson, Ms 3921S Name of Employer (Required) Russell, Bennett Occupation (Required)	(Mo., Day, Year) A	receipt this period \$ Svo.oo \$ Soo.oo Amount of each
Other (please specify) Full name EMPAC Mailing Address P.O. Dox 1640 City, State, Zip Code Tackson, MS 3921S Name of Employer (Required) Russell, Bennett Occupation (Required) Gov, Relation &	(Mo., Day, Year) A A A A A A A A A A A A A A A A A A A	receipt this period \$ 500,00 \$ 500,00
Other (please specify) Full name ENPAC Mailing Address P.O. Dox 1640 City, State, Zip Code Tackson, Ms 39215 Name of Employer (Required) Russell, Bennett Occupation (Required) Cov, Ralation & D. Source: Corporation PAC Individual Loan	(Mo., Day, Year) O	receipt this period \$ See.co \$ \$ \$ \$ \$ \$ \$ Amount of each receipt this period
Other (please specify) Full name TNPAC Mailing Address P.O. Box 1640 City, State, Zip Code Tackson, Ms 3921S Name of Employer (Required) Russell, Bennett Occupation (Required) Cov., Relation & D. Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) A	receipt this period \$ Svo.oo \$ Soo.oo Amount of each receipt
Other (please specify) Full name ENPAC Mailing Address P.O. Box 1640 City, State, Zip Code Tackson, Ms 3921S Name of Employer (Required) Russell, Bennett Occupation (Required) Cov, Rulation & D. Source: Corporation PAC Individual Loan Other (please specify) Full name Pinn acte Enterment Mailing Address	(Mo., Day, Year) O	receipt this period \$ See.co \$ \$ \$ \$ \$ \$ \$ \$
Other (please specify) Full name LNPAC Mailing Address P.O. BOX 1640 City, State, Zip Code Jackson, MS 3921S Name of Employer (Required) Russell, Bennett Occupation (Required) Cov., Relation & D. Source: Corporation PAC Individual Loan Other (please specify) Full name Pinhade Enterment Mailing Address 3200 N, Amenistar Drive	(Mo., Day, Year) O	receipt this period \$ See.co \$ \$ \$ \$ \$ \$ \$ Amount of each receipt this period
Other (please specify) Full name LNPAC. Mailing Address P.O. Dox 1640 City, State, Zip Code Jackson, MS 3921S Name of Employer (Required) Russen, Bennett Occupation (Required) Coupation (Required) Other (please specify) Full name Piwn acte Enterment Mailing Address 3200 N, Amenistat Drive City, State, Zip Code	(Mo., Day, Year) O	receipt this period \$ See.co \$ \$ \$ \$ \$ \$ \$ \$ \$ Amount of each receipt this period \$ \$ \$
Other (please specify) Full name LNPAC. Mailing Address P.O. Dox 1640 City, State, Zip Code Jackson, Ms 3921S Name of Employer (Required) Russen, Bennett Occupation (Required) Cocupation (Required) Other (please specify) Full name Piwn acte Enterment Mailing Address 3200 N, Amenistat Drive City, State, Zip Code Kansas City, No 64161	(Mo., Day, Year) O	receipt this period \$ See.co \$ \$ \$ \$ \$ \$ \$ \$
Other (please specify) Full name LNPAC Mailing Address P.O. Box 1640 City, State, Zip Code Jackson, Ms 39215 Name of Employer (Required) Russell Bennett Occupation (Required) Cov, Rulations D. Source: Corporation PAC Individual Loan Other (please specify) Full name Pinnacle Enterment Mailing Address 3200 N, Amenistat Drive City, State, Zip Code Rayses City, No 6416	(Mo., Day, Year) O	receipt this period \$ Seeco \$ Seeco
Other (please specify) Full name LNPAC Mailing Address P.O. DOX 1640 City, State, Zip Code Jackson, MS 3921S Name of Employer (Required) Russell, Bennett Occupation (Required) Cov. Relation & D. Source: Corporation PAC Individual Loan Other (please specify) Full name Pinn and tenter ment Mailing Address 3200 N, Amen stat Drive City, State, Zip Code Ransas City, MO 6416 Name of Employer (Required) Lroy & Fremmune	(Mo., Day, Year) I	receipt this period \$ See.co \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Other (please specify) Full name LNPAC Mailing Address P.O. Box 1640 City, State, Zip Code Jackson, Ms 39215 Name of Employer (Required) Russell Bennett Occupation (Required) Cov, Rulations D. Source: Corporation PAC Individual Loan Other (please specify) Full name Pinnacle Enterment Mailing Address 3200 N, Amenistat Drive City, State, Zip Code Rayses City, No 6416	(Mo., Day, Year) O	receipt this period \$ See.co \$ \$ \$ \$ \$ \$ \$ \$ \$ \$

Page 8 of 7

Name of Candidate or Committee	Bop M. Dearing
Reporting period 1-1-16	through 1-3/-16

A. Source: Corporation PAC Individual Loan	Date	Amount of each
	(Mo., Day, Year)	receipt
Other (please specify)		this period
Full name	101 V 1 16	\$ 500,00
ATGT PAC	Contract Contract Contract	¥ 1 900,00 ;
Mailing Address		¢ [
III East Capital Street, Ste 6030	<u> </u>	\$
City, State, Zip Code		
		\$
Jackson, MS 39201		
Name of Employer (Required)		\$ [
Randy Russell		a
Occupation (Reguired)	Aggregate	_
	year-to-date	\$ 500.00
Cou Affairs	year-to-date	
B. Source: Corporation 🗵 PAC 🦳 Individual 🗌 Loan	Date	Amount of each
	(Mo., Day, Year)	receipt
Other (please specify)	(Wio., Day, Teal)	this period
Full name	9878 ESS EAS	
	1 12/16	\$ 400,00
Mississippi Power Company State PAC		Account to the second second
Mailing Address		\$
2992 West Beach Blud.	<u> </u>	Ψ [
City, State, Zip Code		
		\$
Galfort, MS 39502	To state / Lancas and Lancas and	Construence and the second sec
Name of Employer (Required)		* [
Frankia Castiglia	<u> </u>	\$
Occupation (Required)	Aggragata	
Gov, Affairs	Aggregate	\$ 400.00
	year–to-date	
C. Source X Corporation PAC Individual Loan		Amount of each
C. Source Corporation PAC Individual Loan	Date	
		Amount of each
C. Source T Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify)	Date	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name BNSF Railroad Company	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name BNSF Railroad Company Mailing Address	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name BNSF Railroad Company Mailing Address	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name BNSF Railroad Company Mailing Address ASOO Lone Mark Drive AOB-3	Date (Mo., Day, Year)	Amount of each receipt this period \$ \int \(\subseteq So,co \) \$
C. Source Torporation PAC Individual Loan Other (please specify) Full name BNSF Railroad Company Mailing Address Osoo Lone Mark Drive, AOB-3 City, State, Zip Code	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name BNSF Railroad Company Mailing Address Oso Lone Mark Drive, AOB-3 City, State, Zip Code 6 T. Worth, TX 76131	Date (Mo., Day, Year)	Amount of each receipt this period \$ \int \So.co \ \$
C. Source Torporation PAC Individual Loan Other (please specify) Full name BNSF Railroad Company Mailing Address Osoo Lone Mark Drive, AOB-3 City, State, Zip Code	Date (Mo., Day, Year)	Amount of each receipt this period \$ \inc So.co \$
C. Source Torporation PAC Individual Loan Other (please specify) Full name BNSF Railroad Company Mailing Address ASOO Lone Mark Drive, AOB-3 City, State, Zip Code FT. Worth, TX 76131 Name of Employer (Required)	Date (Mo., Day, Year)	Amount of each receipt this period \$ \int \So.co \ \$
C. Source Torporation PAC Individual Loan Other (please specify) Full name BNSF Railroad Company Mailing Address ASOC Lone Mark Drive AOB-3 City, State, Zip Code FT. Worth, TX 76131 Name of Employer (Required) Toel Yelverton	Date (Mo., Day, Year)	Amount of each receipt this period \$ \inc Solo 0 \$ \inc S
C. Source Torporation PAC Individual Loan Other (please specify) Full name BNSF Railroad Company Mailing Address ASOO Lone Mark Drive, AOB-3 City, State, Zip Code FT. Worth, TX 76131 Name of Employer (Required) Toel Yelverton Occupation (Required)	Date (Mo., Day, Year) Date	Amount of each receipt this period \$ \inc So.co \$
C. Source Torporation PAC Individual Loan Other (please specify) Full name BNSF Railroad Company Mailing Address Oso Lone Mark Drive, AOB-3 City, State, Zip Code FT. Worth, TX 76131 Name of Employer (Required) Toel Yelverton Occupation (Required) Gou, Relations	Date (Mo., Day, Year)	Amount of each receipt this period \$ \inc \Solution \colon \ \$ \inc \Solution \colon
C. Source Torporation PAC Individual Loan Other (please specify) Full name BNSF Railroad Company Mailing Address ASOO Lone Mark Drive, AOB-3 City, State, Zip Code FT. Worth, TX 76131 Name of Employer (Required) Toel Yelverton Occupation (Required)	Date (Mo., Day, Year) Date	Amount of each receipt this period \$ \inc \So.co \ \$ \inc \So.co \ \$ \inc \So.co \ Amount of each
C. Source Torporation PAC Individual Loan Other (please specify) Full name BNSF Railroad Company Mailing Address Ose have Mark Drive AOB-3 City, State, Zip Code FT. Worth, TX 76131 Name of Employer (Required) Toel Yelverton Occupation (Required) Gov. Relations D. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date	Amount of each receipt this period \$ \inc So.co \$ Amount of each receipt
C. Source Torporation PAC Individual Loan Other (please specify) Full name BNSF Railroad Company Mailing Address Oso Lone Mark Drive, AOB-3 City, State, Zip Code FT. Worth, TX 76131 Name of Employer (Required) Toel Yelverton Occupation (Required) Gou, Relations	Date (Mo., Day, Year) Date	Amount of each receipt this period \$ \inc \So.co \ \$ \inc \So.co \ \$ \inc \So.co \ Amount of each
C. Source Torporation PAC Individual Loan Other (please specify) Full name BNSF Railroad Company Mailing Address Soo Lone Mark Drive, AOB-3 City, State, Zip Code FT. Worth, TX 76131 Name of Employer (Required) Toel Yelverton Occupation (Required) Gov. Relations D. Source: Corporation PAC Individual Loan Tother (please specify) Committee	Date (Mo., Day, Year)	Amount of each receipt this period \$ So.co \$ Amount of each receipt this period
C. Source Torporation PAC Individual Loan Other (please specify) Full name BNSF Railroad Company Mailing Address As oo Lone Mark Drive, AOB-3 City, State, Zip Code FT. Worth, TX 76131 Name of Employer (Required) Toel Yelverton Occupation (Required) Counce: Corporation PAC Individual Loan Tother (please specify) Committee Full name	Date (Mo., Day, Year) Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date	Amount of each receipt this period \$ So.co \$ Amount of each receipt this period
C. Source Toporation PAC Individual Loan Other (please specify) Full name BNSP Railroad Company Mailing Address As oo hone Mark Drive, AOB-3 City, State, Zip Code FT. Worth, TX 76131 Name of Employer (Required) Joel Yelverton Occupation (Required) Gov, Relations D. Source: Corporation PAC Individual Loan Full name Committee for Clean Environment & Fair Taxahan	Date (Mo., Day, Year)	Amount of each receipt this period \$ \inc So.co \$ Amount of each receipt this period
C. Source Toporation PAC Individual Loan Other (please specify) Full name BNSF Railroad Company Mailing Address As OD Lone Mark Drive, AOB-3 City, State, Zip Code BT. Worth, TX 76131 Name of Employer (Required) Joel Yelverton Occupation (Required) Cover Relations D. Source: Corporation PAC Individual Loan Tother (please specify) Committee Full name Committee For Clean Environment & Fair Taxatan Mailing Address	Date (Mo., Day, Year)	Amount of each receipt this period \$ \inc So.co \$ \inc So.co \$ \inc So.co Amount of each receipt this period \$ \inc So.co \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name BNSF Railroad Company Mailing Address Osne Mark Drive AOB-3 City, State, Zip Code BT. Worth TX 76131 Name of Employer (Required) Joel Yelverton Occupation (Required) Gov. Relations D. Source: Corporation PAC Individual Loan Full name Committee for Clean Environment & Fair Taxatan Mailing Address 3000 North State Steet	Date (Mo., Day, Year)	Amount of each receipt this period \$ So.co \$ Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name BNSF Railroad Company Mailing Address Oso Lone Mark Drive, AOB-3 City, State, Zip Code BT. Worth, TX 76131 Name of Employer (Required) Joel Yelverton Occupation (Required) Gou, Relations D. Source: Corporation PAC Individual Loan Wother (please specify) Committee Full name Committee For Clean Environment & Fair Taxatun Mailing Address 3000 North State Street City, State, Zip Code	Date (Mo., Day, Year)	Amount of each receipt this period \$ \[\rightarrow So,co \] \$ \[\rightarrow So,co \] \$ \[\rightarrow So,co \] Amount of each receipt this period \$ \[\rightarrow So,co \] \$ \
C. Source Corporation PAC Individual Loan Other (please specify) Full name BNSF Railroad Company Mailing Address Oso Lone Mark Drive, AOB-3 City, State, Zip Code BT. Worth, TX 76131 Name of Employer (Required) Joel Yelverton Occupation (Required) Gou, Relations D. Source: Corporation PAC Individual Loan Wother (please specify) Committee Full name Committee For Clean Environment & Fair Taxatun Mailing Address 3000 North State Street City, State, Zip Code	Date (Mo., Day, Year)	Amount of each receipt this period \$ \inc So.co \$ \inc So.co \$ \inc So.co Amount of each receipt this period \$ \inc So.co \$
C. Source Toporation PAC Individual Loan Other (please specify) Full name BNSP Railroad Company Mailing Address Soo Lone Mark Drive, AOB-3 City, State, Zip Code FT. Worth, TX 76131 Name of Employer (Required) Joel Yelverton Occupation (Required) Gov, Relations D. Source: Corporation PAC Individual Loan Wother (please specify) Committee Full name Committee For Clean Environment of Fair Taxatun Mailing Address 3000 North State Street City, State, Zip Code Tackson, Ms. 39216	Date (Mo., Day, Year)	Amount of each receipt this period \$ \inc So.co \$ \$ \inc So.co \$ Amount of each receipt this period \$ \inc So.co \$ \$ \inc So.co \$
C. Source Torporation PAC Individual Loan Other (please specify) Full name BNSF Railroad Company Mailing Address City, State, Zip Code FT. Worth TX 76131 Name of Employer (Required) Occupation (Required) Council Corporation PAC Individual Loan Tother (please specify) Committee for Clean Environment of Fair Taxahan Mailing Address 3000 North Bfate Steef City, State, Zip Code Tackson MS 39316 Name of Employer (Required)	Date (Mo., Day, Year)	Amount of each receipt this period \$ \[\rightarrow So,co \] \$ \[\rightarrow So,co \] \$ \[\rightarrow So,co \] Amount of each receipt this period \$ \[\rightarrow So,co \] \$ \
C. Source Corporation PAC Individual Loan Other (please specify) Full name B NSP Railroad Company Mailing Address Osochene Mark Drive, AOB-3 City, State, Zip Code FT. Worth, TX 76131 Name of Employer (Required) Occupation (Required) Osochene PAC Individual Loan Other (please specify) Committee Full name Committee for Clean Environment of Fave Taxahan Mailing Address 3000 North State Steet City, State, Zip Code Jacksin MS 39016 Name of Employer (Required) On Alpedal	Date (Mo., Day, Year)	Amount of each receipt this period \$ So.co \$ So.co Amount of each receipt this period \$ So.co \$ So.co \$ So.co \$ So.co
C. Source Torporation PAC Individual Loan Other (please specify) Full name BNSF Railroad Company Mailing Address City, State, Zip Code FT. Worth TX 76131 Name of Employer (Required) Occupation (Required) Council Corporation PAC Individual Loan Tother (please specify) Committee for Clean Environment of Fair Taxahan Mailing Address 3000 North Bfate Steef City, State, Zip Code Tackson MS 39316 Name of Employer (Required)	Date (Mo., Day, Year)	Amount of each receipt this period \$ \inc So,co \$ \$ \inc So,co \$ Amount of each receipt this period \$ \inc So,co \$ \$ \inc So,co \$

Name of Candidate	e or Committee	Bob My De	armig
Reporting period_	h116	through	h 1231-16

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	12/20/16	
DMEGA PROTEIN	11211001110	\$ 500.00
Mailing Address		\$
2105 City West Blue, Ste 500		
City, State, Zip Code		\$
Houstow, TX 7/10/2		¥ 1
Name of Employer (Required) Prom Landra		\$
Occupation (Required)	Aggregate	\$ 500.00
Gov. Relations	year-to-date	\$ 500.00
B. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name		\$
	<u>''</u> '	Ψ
Mailing Address	$\Gamma_{I}\Gamma_{I}\Gamma_{I}$	\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
Converting (Possified)	A	•
Occupation (Required)	Aggregate year–to-date	\$
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		\$
Mailing Address		
	<u> </u>	\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		\$ [
Mailing Address		\$ [
City, State, Zip Code		
		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$

Name of Candidate or	Committee	Bob	M. Dearwig	
Reporting period	1-1016		through 17-31-16	_

ITEMIZED DISBURSEMENTS

A. Full name	D -4-	
MOTELS	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> Lol 1 /2</u>	\$ 1,200.00
City, State, Zip Code	12431116	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1,200,00
B. Full name	Date	Amount of each
AuTO Mailing Address	(Mo., Day, Year)	disbursement this period
	<u>510116</u>	\$ 3,331.00
City, State, Zip Code	D-131116	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 3321.00
C. Full name	Date	Amount of each
Telephone Mailing Address	(Mo., Day, Year)	disbursement this period
	11/11/16	\$ 3,500,92
City, State, Zip Code	12/31/16	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 3,500,92
D. Full name Whites	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	11-11/16	\$ 671.08
City, State, Zip Code	57 1 116	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 671,08
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> 51 1 16</u>	s 348,00
City, State, Zip Code	12/3/1/16	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 748.00
F. Full name Meals	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	5/10/16	\$ 1,156,00
City, State, Zip Code	12-13/112	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1,156,00

Name	of	Candidate	or	Committee

Bob M. Dearnis

Reporting period ____/_/_

rough 12-31-18

ITEMIZED DISBURSEMENTS

A. Full name	Date	Amount of each
Adaortisms	(Mo., Day, Year)	disbursement this period
Mailing Address	257_1 1/6	\$ 233,20
City, State, Zip Code	213/116	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 233,00
B. Full name MISC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	511116	\$ 600,00
City, State, Zip Code	12/31/16	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 600,00
C. Full name Brad Pissot	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	519116	\$ 14,000,00
City, State, Zip Code Jackson, M5	//	\$
Purpose of Disbursement (Optional) ATTORNEY FEES	Aggregate Year-to-date	\$ 14,000,00
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	//	\$
City, State, Zip Code	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	//	\$
City, State, Zip Code	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	//	\$
City, State, Zip Code	//	\$
Purpose of Disbursement (Optional)	Aggregate	

_	_	
Page	of	

Name of Candidate or Committee	
Reporting period	through

ITEMIZED DISBURSEMENTS

A. Full name	Date	Amount of each
	(Mo., Day, Year)	disbursement this period
Mailing Address	//	\$
City, State, Zip Code	/	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code	/	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	/	\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$